## SHERIFF

November 6, 2019

#### **VIA EMAIL**

Ava Sasani MuckRock 77001-42985828@requests.muckrock.com

Dear Ms. Sasani:

On or about July 23, 2019 the Hennepin County Sheriff's Office received your data practice request made pursuant to the Minnesota Government Data Practices Act. Specifically, you requested information regarding:

Documents submitted to DHS and financial statements related to the CVE Grant.

The responsive public data is enclosed and being released pursuant to Minn. Stat. § 13.59. Private Personnel data has been redacted pursuant to Minn. Stat. § 13.43, subd. 4.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,
Hennepin County Sheriff's Office
Data Practices
612-543-3515

Sheriff of fire datas @bonnepin w

sheriffsofficedatare@hennepin.us

File #: 19-681



### SHERIFF'S OFFICE

### **CET Liaison Engagement Request Form**

Request Originated by: Asad Ahmed

Direct Supervisor: Sgt. Hoffner

Name of Event / Meeting: Boy and Girls Club (Jerry Gamble)

Date(s): Every Monday.

Time: 1400-1800

Address: 2410 Irving Ave N, Minneapolis, Minnesota

Purpose / Description of event:

Liaison for the Hennepin County Sheriff Office to the Boys and Girls Club. Teaching kids about the sheriff office and what law enforcement does in Hennepin County. Showing the kids that I as a Liaison for the Sheriff office care about the ambition and future. Giving the kids safety awareness and mentoring the kids on different events.

Description of expected audience: Approximate 10 to 20 kids come to the location.

Supervisor Signature: Sat January #1080



SHERIFF'S OFFICE

Major Tracey Martin Signature: \_\_\_



### SHERIFF'S OFFICE

### **CET Liaison Engagement Request Form**

Request Originated by: Deputy E. NdzeNtuv

Direct Supervisor: SGT. Hoffner

Name of Event / Meeting: Minnesota Cameroonian Community Association (MINCAM)

Date(s): Monthly Meeting

Time:

Address:

Purpose / Description of event: The purpose of the Minnesota Cameroonian Community Association is to promote Cameroonian culture and values, as well as to provide community support to Cameroonian immigrants here in Minnesota. MINCAM also acts as a bridge between local, state, federal agencies, and Cameroonian immigrants as well as other immigrants coming into the US. MINCAM also provides training resources and scholarships to community members.

Description of expected audience: Members of the Cameroonian community in Minnesota as well as other partners.

Major Tracey Martin Signature: \_\_\_\_\_



### HENNEPIN COUNTY SHERIFF'S OFFICE

### **CET Liaison Engagement Request Form**

Request Originated by: Thuan Vuong

Direct Supervisor: Sgt. T. Dumond

Name of Event / Meeting: Cinco de Mayo

Date(s): 05/05/2018

Time: 0630-1500 hours

Address: 205 Cesar Chavez St.

St. Paul, MN

Purpose / Description of event: National celebration Cinco de Mayo

Law Enforcement Vehicle Display

Description of expected audience: 2500-3000 attendants

Supervisor Signature: 7. Duma 44503

Major Tracey Martin Signature: Lawy Martin





Approved By:	
Date:	

# Engagement Request for Hennepin County Sheriff Rich Stanek

Event Logistics									
Request Form	n Originate	d by:	Carmen Bibiano						
Name of Event/Meeting			Cinco de Mayo - Law Enforcement Vehicle Display						
Sponsoring Agency or Company			(HCSO or outside National Latino	10.7	n) Officer Association				
Contact for Engagement Planning			Name: Carme Email: carmer Phone: 612-80	n.bibiano(	ฏhennepin.us				
Location of E	event		Room #: Address: 205	Cesai	Chavez St. St. Paul				
Date:	5/05/2018	Time:	0630-1500 hrs.		farrival time :	N/A			
<b>Event Details</b>									
Purpose/description of the Event?			The NLPOA is Paul, at 0630 h starts and at 12 different agency different squad we work togeth color of uniforn Peace Officer of the speakers/e Senior Comma Ramsey Count	Details (include why we are being asked to attend, and expected value to HCSO):  The NLPOA is part of the annual celebration of the Cinco de Mayo in St. Paul, at 0630 hrs the 5k for all the families start, at 1000 hrs. parade starts and at 1200 hrs is the Law Enforcement Vehicle Display where different agencies will be participating to show the community the different squads we have in law enforcement but also to show them that we work together to serve and protect the communities regardless the color of uniform and agency. We are members of the National Latino Peace Officer Association-Chapter MN.  Other speakers/elected officials/VIPs (include bios separately):  Senior Commander Lozoya /SPPD, Commander Barragan/SPPD, Ramsey County Sheriff Jack Serier, and Veterans from MN					
Which topic speak on?	Sheriff Stan	ek to	N/A						
Length of time Sheriff to present					N/A				
<b>Expected Audience Demographic:</b>			All commun	ities	Expected Attendance (#):	2500-3000			
<b>Technical Ne</b>	eds								
			<ul><li>☐ Laptop Available</li><li>☐ HCSO Laptop</li><li>☐ HSCO Projector</li></ul>						
Podium availa	able		☐ Yes		<b>☑</b> No				

					Page 1	of Pages <sup>1</sup>	
1.Federal Agency and Organiz Which Report is Submitted	zation Element to		al Grant or Other Ider Assigned by Federal		3a. DUNS Nu 11830673200	mber	
Dept of Homeland Security		EMW-20	016-CA-00081		3b. EIN 41-6005801		
4. Recipient Organization (Nan	me and complete ac	dress incl	uding zip code)			lentifying Number	
Hennepin County Sheriff's 0 350 S 5th St, Rm 6 Minneapolis, MN 55415	or Account Nu V00068481	mber					
6. Project/Grant Period			7. Reporting Period	l End Date	8. Final Repor	t? 🖸 Yes <b>②</b> No	
Start Date: (Month, Day, Year)	End Date: (Month, D	ay, Year)	(Month, Day, Year)		9. Report Fred	uency  semi-annual	
08/01/2017	07/31/2019		9/30/2017		✓ quarterly □ other (If other, describe:		
10. Performance Narrative	(attach perfor	rmance na	arrative as instructe	ed by the av	varding Federa	al Agency)	
reimbursable expenditures.	In the first quarter of the performance period, the Hennepin County Sheriff's Office did not have any grant reimbursable expenditures. As indicated in the PIEP, the first two quarters of the grant period have been dedicated to planning, identifying project partners, and other preparation to meet the project goals.						
We are still working with DH	S-OCP to finalize	the PIEP	and budget for this	s grant.			
				41			
11. Other Attachments	(attach other do	ocuments	as needed or as in	structed by	the awardina	Federal Agency)	
12. Certification: I certify	to the best of my	y knowle	dge and belief tha	t this repo	rt is correct a		
for performance of activiti							
12a. Typed or Printed Name ar Alex Lewison	nd Title of Authorize	ed Certifyin	g Official	12c. Telep extension) 612-543-3		e, number and	
Research & Grants Coordina	ator			12d. Email			
				The state of the s	on@Hennepii	n.us	
12b. Signature of Authorized C	Certifying Official	/3./0	M17	12e. Date <i>Year</i> ) 10/30/2017		ed (Month, Day,	
for of	1	/ 4		ACTIVISTIC TO CHICAGO AND	y use only		

#### Performance Progress Report (PPR) Instructions

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#### **Report Submissions**

- The recipient must submit the PPR cover page and any of the forms (PPR A-F), which the Federal agency requires, as specified in the award terms and conditions.
- 2. The *PPR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
- 3. If additional space is needed to support the PPR, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

#### **Reporting Requirements**

- 1. All recipients of grants or cooperative agreements awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research, are required to submit a *PPR* in accordance with the terms established in the award document.
- The PPR must be submitted at least once yearly, on a quarterly, semiannual, or annual basis, as directed by the awarding Federal agency in the award document. A final PPR shall be required at the completion of the award agreement.
- 3. For interim *PPRs*, the following reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final *PPRs*, the reporting period end date shall be the end date of the project/grant period.

4. The frequency of required reporting is stated in the solicitation and award documents. Interim *PPRs* are due not later than 45 days after the end of each reporting period. Final *PPRs* are due not later than 90 days after the end of the reporting period end date.

		Performance Progress Report
Item	Data Elements	Line Item Instructions for SF-PPR
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
. 9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

Item	Data Elements	Performance Progress Report  Line Item Instructions for SF-PPR
Remar	ks, Certification, and Agency	Use Only
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report mus be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.

					Page 1	of Pages
1.Federal Agency and Organiz Which Report is Submitted	zation Element to		al Grant or Other Iden Assigned by Federal		3a. DUNS Nu 11830673200	mper
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4. Recipient Organization (Nar	4. Recipient Organization (Name and complete address including zip code)					lentifying Number
Hennepin County Sheriff's Office 350 South 5th Street, Room 6 Minneapolis, MN 55415					or Account Nu V00068481	imbei
6. Project/Grant Period			7. Reporting Period	End Date	8. Final Repor	t? Yes
Start Date: (Month, Day, Year)	End Date: (Month, D	ay, Year)	(Month, Day, Year)		9. Report Fred annual quarterly	quency semi-annual other
08/01/2017	07/31/2019		12/31/2017		(If other, desc	eribe:)
10. Performance Narrative In the 4th quarter of 2017 (th (HCSO) did not have any gra	e second quarter	of the pe		he Hennep	in County She	riff's Office
The planning elements of the project that were progressed in the reporting quarter were:  - Agency wide solicitation to apply for the community liaison component of the project, as well as identifying the personnel with the most value in the area of community engagement and recruitment prevention.  - Hosting an HCSO One-Day Citizen's Academy with prospective non-profit partners to gauge the capacity to perform required services, subject matter expertise, and community respect/network to achieve maximum impact of each group.  - Creating an internal agency plan and timeline to develop and execute contracts with community partners including explicit services provided, guarantees of organizational capacity, and commitments to satisfy grant objectives and obligations.						
11. Other Attachments			as needed or as in			
12. Certification: I certify for performance of activit						and complete
12a. Typed or Printed Name a Alex Lewison	nd Title of Authorize	ed Certifyin	ng Official	12c. Telep extension) 612-543-3		le, number and
Research & Grants Coordina	ator			12d. Emai		
1					on@Hennepir	(C)
12b. Signature of Authorized Certifying Official			018	12e. Date <i>Year)</i> 01/30/2018	400, 110, 110, 110, 110, 110, 110, 110,	ed (Month, Day,
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08/01/2017 07/	/31/2019		3/31/2018		✓ quarterly (If other, desc	☐ other cribe:)
10. Performance Narrative	(attach perfor	mance na	arrative as instructe	d by the aw	arding Federa	al Agency)
In the 1st quarter of 2018 (the 3 made significant progress in the						Office (HCSO)
We have interviewed, selected, and trained our overtime funded community engagement liaisons. These liaisons, primarily Jail staff, interact with members of the community on a regular basis. We have created a system to dispatch these liaisons to the community in an effort to build trust with key demographics and help prevent recruitment into violent groups. In Q2 2018, they will begin their work in the community.						
Additionally, this quarter we contracted with two community organizations to participate in the planning and development of our Women for Peace Workshops. The first workshop will be held on May 5th to educate members of the community about recruitment prevention, build trust with our residents, and distribute resources.						
11. Other Attachments (a	attach other do	cuments	as needed or as ins	structed by	the awarding	Federal Agency)
12. Certification: I certify to t for performance of activities						nd complete
12a. Typed or Printed Name and T Alex Lewison	Fitle of Authorize	d Certifyin	g Official	extension)		e, number and
Research & Grant Coordinator				612-543-30		
Supervisor, Community Engage	ement Team			12d. Email		
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Jun Jun James				13. Agenc		

### SHERIFF'S OFFICE

### Women for Peace Agenda

Saturday, May 5<sup>th</sup>, 2018 9:30 am – 4:00 pm Creekside Community Center 9801 Penn Ave S. Bloomington MN 55431

9:30 /	AΜ	Welcome, photo Release and Breakfast (Elmi, SAPA, Tasho)
10:00	AM	<b>Introduction</b> , HCSO Overview, #NOverdose, Workshop Overview, Videos (Nur, Ortman, Lewison)
10:45	AM	Social Media & Internet Safety (Kathy – FBI)
		Social media overview, how to defend against online predators,
		Understanding the threats
11:30	AM	Social Services Panel (Mary McKinley, HSPHD, Clinic, Mental Health)
12:15	PM	CISA (CISA)
		Cyber threats & Recruitment PowerPoint, online radicalization
12:45	PM	Lunch
1:15 P	M	Personal story (Deqa Hussen)
2:00 P	M	Break/ Prayer
2:30 P	M	Law enforcement Panel (Sheriff, Brooker, Joe Rivers - FBI, Potts)
3:30 P	M	Graduation, Certificates, Photos



#### HCSO CVE Grant Quarterly Performance Report Narrative – 2018 Q2

Alex Lewison, 7/31/2018 EMW-2016-CA-00081

#### WORKSHOP

In the second quarter of 2018, HCSO executed the first grant funded Women for Peace Workshop. The Workshop took place on May 5th.

The workshop consisted of a full day of curriculum for the approximately 80 workshop participants. The agenda (attached) included speakers and presentations from our HCSO on an agency overview, Community Engagement Team overview, our agency videos, a representative from the FBI to discuss social media / internet safety, a social services panel, an online radicalization presentation, a presentation from a local mother and agency partner whose son was arrested for involvement with ISIS, and a law enforcement panel with Sheriff Stanek, FBI SAC Jill Sanborn, and the Bloomington PD.

Participants were given identical questionnaires before and after the workshop. Blank questionnaire **attached**, summary of results **attached**.

We were very surprised at the overwhelmingly positive feedback we received from participants. 84% of participants that were not born in the US, and for nearly all questions the group demonstrated an increase in understanding of the threats and issues discussed during the workshop. For instance, for the prompt asking how you would respond to a family member that exhibited signs of radicalization, we saw an increase in the number of people that would seek counseling or contact the police. We saw a decrease in the number of people that would attempt to handle the situation themselves or through a family member, which we understand to reflect that participants gained an understanding of how serious this threat is and would seek professional help as opposed to addressing concerns themselves. Additionally, nearly all participants mentioned that they would like to see an expansion of our workshop and they found it to be quite valuable information. We have received several requests to host this workshop at other venues.

#### LIAISONS

Our grant funded – overtime liaisons performed approximately 275 hours of duty over the last quarter. We have relied on these posts heavily as the summer months put a strain on resources for our Community Engagement Team. Liaisons attended CVE workshops, parades, external events, worked with community organizations, and participated at agency events to distribute literature and educate residence on the most pressing public safety threats and our agency's response strategies. In particular, our liaisons focused on CVE, opioid prevention, and general outreach to enhance partnerships and build trust with community members. We have approximately 15 overtime liaisons with interest from several other deputies and civilians interested in joining. We are considering expanding the program to gain an even more diverse team to engage and educate the community.

					Page 1	of Pages 1
1.Federal Agency and Organi	ization Element to		al Grant or Other Ider		3a. DUNS Nu	mber
Which Report is Submitted		1	Assigned by Federal	Agency	1183067320000	
Dept of Homeland Security			016-CA-00081		3b. EIN 41-6005801	
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Start Date: (Month, Day, Year)	End Date: (Month, L	Dav. Year)	(Month, Day, Year)		9. Report Fred	No No
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08/01/2017	07/31/2019		6/30/2018		(If other, desc	ribe:
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44 Other Attended	7. H I II					
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12. Certification: I certify						nd complete
for performance of activit	ies for the purpo	ses set f	orth in the award	documents	) <b>.</b>	
12a. Typed or Printed Name a	and Title of Authorize	ed Certifyir	ng Official	12c. Telep	hone (area cod	e, number and
Alex Lewison				extension) 612-543-3		
Research & Grant Coordina	itor					
Supervisor, Community Eng	gagement Team			12d. Email		
				Alex.Lewis	on@Hennepir	1.US
12b. Signature of Authorized	Certifying Official			12e. Date	Report Submitte	ed (Month, Day,
				<i>Year)</i> 07/31/2018	2	
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	Performance Progress Report								
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12d	Email Address	Enter authorized official's email address.							
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.							
13	Agency Use Only	This section is reserved for the awarding Federal agency use.							

#### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334. The time required to complete this information collection is estimated to average twenty-six (26) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have suggestions about the accuracy of the estimate, we would be happy to hear from you. You can e-mail us at <a href="mailto:infocollection@acf.hhs.gov">infocollection@acf.hhs.gov</a>.

					Page 1	of Pages <sup>1</sup>
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4. Recipient Organization (Nar Hennepin County Sheriff's ( 350 South 5th Street, Room Minneapolis, MN 55415	5. Recipient Identifying Number or Account Number  V00068481					
6. Project/Grant Period	Ford Date: /Marsh 5	D Wl	7. Reporting Period	End Date	8. Final Repor	☐ No
Start Date: (Month, Day, Year) End Date: (Month, Day, Year)  08/01/2017 07/31/2019		Jay, Year)	(Month, Day, Year)		9. Report Frequency  annual semi-annual  quarterly other  (If other, describe:	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) In the sixth quarter of the performance period, the Hennepin County Sheriff's Office did not have any grant reimbursable expenditures and there were no grant program activities.						
11. Other Attachments	(attach other de	ocuments	as needed or as in	structed by	the awarding	Federal Agency)
12. Certification: I certify for performance of activit		_	. –	_		and complete
12a. Typed or Printed Name a Alex Lewison Research & Grant Coordina		ed Certifyir	ng Official	extension) 612-543-3	8083	de, number and
Supervisor, Community Eng				12d. Emai Alex.Lewis	il Address son@Hennepi	in.us
12b. Signature of Authorized  Alex Lewise	Certifying Official			<i>Year)</i> 01/30/201	•	ted (Month, Day,

#### Performance Progress Report (PPR) Instructions

The *Performance Progress Report (PPR)* is a standard, government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients of Federal funds awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research. General instructions for completing the *PPR* are contained below. For further instructions on completing the *PPR*, please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

#### **Report Submissions**

- 1. The recipient must submit the *PPR* cover page and any of the forms (*PPR A-F*), which the Federal agency requires, as specified in the award terms and conditions.
- 2. The *PPR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
- 3. If additional space is needed to support the PPR, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

#### **Reporting Requirements**

- All recipients of grants or cooperative agreements awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research, are required to submit a *PPR* in accordance with the terms established in the award document.
- The PPR must be submitted at least once yearly, on a quarterly, semiannual, or annual basis, as directed by the awarding Federal agency in the award document. A final PPR shall be required at the completion of the award agreement.
- 3. For interim *PPRs*, the following reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final *PPRs*, the reporting period end date shall be the end date of the project/grant period.

4. The frequency of required reporting is stated in the solicitation and award documents. Interim *PPRs* are due not later than 45 days after the end of each reporting period. Final *PPRs* are due not later than 90 days after the end of the reporting period end date.

		Performance Progress Report
Item	Data Elements	Line Item Instructions for SF-PPR
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

		Performance Progress Report								
Item	Data Elements	Line Item Instructions for SF-PPR								
Remar	Remarks, Certification, and Agency Use Only									
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.								
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.								
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.								
12d	Email Address	Enter authorized official's email address.								
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.								
13	Agency Use Only	This section is reserved for the awarding Federal agency use.								

				[	Page 1	of Pages <sup>1</sup>		
1.Federal Agency and Organiz Which Report is Submitted	zation Element to		al Grant or Other Iden Assigned by Federal		3a. DUNS Nui 11830673200	mber		
Dept of Homeland Security		EMW-20	016-CA-00081		3b. EIN 41-6005801			
4. Recipient Organization (Nar	me and complete ac	dress inclu	uding zip code)			dentifying Number		
Hennepin County Sheriff's 0 350 South 5th Street, Room Minneapolis, MN 55415					v00068481	ımber		
6. Project/Grant Period			7. Reporting Period	End Date	8. Final Repor	t? Yes		
Start Date: (Month, Day, Year)	End Date: (Month, D	lay, Year)	(Month, Day, Year)		9. Report Fred	semi-annual		
08/01/2017	07/31/2019		12/31/2018		✓ quarterly □ other (If other, describe:			
10. Performance Narrative In the sixth quarter of the pereimbursable expenditures a	varding Feder id not have an							
11. Other Attachments	(attach other do	ocuments	as needed or as in	structed by	the awarding	Federal Agency)		
12. Certification: I certify for performance of activity						and complete		
12a. Typed or Printed Name a Alex Lewison	nd Title of Authorize	ed Certifyin	ng Official	12c. Telep extension) 612-543-3	•	de, number and		
Research & Grant Coordina				12d. Email				
Supervisor, Community Eng	jagement Team				son@Hennepi	n.us		
12b. Signature of Authorized	Certifying Official			12e. Date <i>Year</i> ) 01/30/2018	e. Date Report Submitted <i>(Month, Da</i> ar) 30/2018			
			13. Agency use only					

#### Performance Progress Report (PPR) Instructions

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					Page	of Pages <sup>1</sup>			
1.Federal Agency and Organiz     Which Report is Submitted	zation Element to		al Grant or Other Iden Assigned by Federal		3a. DUNS Nu 11830673200	mber			
Dept of Homeland Security		1	016-CA-00081	, .gee,	3b. EIN 41-6005801				
4. Recipient Organization (Nat		dress inclu	uding zip code)			dentifying Number			
Hennepin County Sheriff's 0 350 South 5th Street, Room					of Account Number				
Minneapolis, MN 55415					V00068481				
6. Project/Grant Period			7. Reporting Period	End Date	8. Final Repor	t? Yes			
Start Date: (Month, Day, Year)	End Date: (Month, D	)ay, Year)	(Month, Day, Year)		9. Report Fred	quency  semi-annual			
08/01/2017	07/31/2019		12/31/2018		✓ quarterly □ other (If other, describe:)         ——————————————————————				
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) In the sixth quarter of the performance period, the Hennepin County Sheriff's Office did not have any grant reimbursable expenditures and there were no grant program activities.									
11. Other Attachments  12. Certification: I certify			as needed or as in						
for performance of activit	ties for the purpo	ses set f	forth in the award			and complete			
12a. Typed or Printed Name a Alex Lewison	ind Title of Authorize	ed Certifyin	ng Official	12c. Teler extension) 612-543-3	•	de, number and			
Research & Grant Coordina Supervisor, Community Eng				12d. Ema	il Address				
				Alex.Lewis	son@Hennepi	n.us			
12b. Signature of Authorized	Certifying Official			12e. Date <i>Year</i> ) 01/30/201	te Report Submitted <i>(Month, Day,</i> 018				
				13. Agend	ncy use only				

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Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type :	-	Participant Type 3 ( necessary)	Participant Type 4 (If necessary)	All Other Participants	Total Participants or Audience
Education/Training/Skill Development/Workshop	Various meetings with potential grant partners including a One-Day Citizens Academy to educate partners about our agency	e Multiple	Other Front Line Workers (non-government)	3	0					30
Education/Training/Skill Development/Workshop	Various meetings with identified grant partners to begin planning phase of workshops	Multiple	Other Front Line Workers (non- government)		5					5
Community Outreach or Engagement	Numerous community Engagement activities	Multiple	General Community Audience	200	0					2000
Training Curriculum	Developed curriculum for liaison orientation	3/10/201	1.8 Other Service providers	2	0					20
Outreach Materials	Agency wide solicitation informing personnel of outreach opportunity and requesting participation in the liaison program.	11/15/201	17 Other Service providers	80	0					800
										0
										0
										0
										0
										0
										0
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Project Output	Output Detail	Date	Participant Type 1		Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary)	Participant Type 4 (If necessary)		Total Participants or Audience	
Education/Training/Skill Development/Workshop	One Day Citizens Academy to present the grant funded Women for Peace project, assess the strengths of potential non-profit partners, and determine partners for future workshops	1/13/2018	Other Front Line Workers (non- 8 government)	25						25	
Training Curriculum	Developed curriculum for liaison orientation	3/10/201	8 Other Service providers	20						20	
Education/Training/Skill Development/Workshop	Liaison Orientation Meeting	3/29/2018	3 Police/Law Enforcement	20						20	
Community Outreach or Engagement	Liaison Events and meetings, 23 overtime hours worked by 6 liaisons at 12 events	1/1/2018 - 3/31/2018	General Community Audience	100						100	
										0	

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary) N	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
Education/Training/Skill Development/Workshop	Liaison Orientation Meeting #2	4/20/2	018 Police/Law Enforcement	2	0						
Education/Training/Skill Development/Workshop	Women for Peace Workshop #1	5/5/2	Parent of Youth or Young Adult 018 (Ages 12-26)	8	0						
Community Outreach or Engagement	Liaison Events and meetings, 254 overtime hou worked by 11 liaisons at 61 events	rs 4/1/2018 - 6/30/2018	General Community Audience	1,00	0						

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary) N	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
Education/Training/Skill Development/Workshop	Liaison Orientation Meeting #2	4/20/2	018 Police/Law Enforcement	2	0						
Education/Training/Skill Development/Workshop	Women for Peace Workshop #1	5/5/2	Parent of Youth or Young Adult 018 (Ages 12-26)	8	0						
Community Outreach or Engagement	Liaison Events and meetings, 254 overtime hou worked by 11 liaisons at 61 events	rs 4/1/2018 - 6/30/2018	General Community Audience	1,00	0						

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary) N	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
Education/Training/Skill Development/Workshop	Liaison Orientation Meeting #2	4/20/2	018 Police/Law Enforcement	2	0						
Education/Training/Skill Development/Workshop	Women for Peace Workshop #1	5/5/2	Parent of Youth or Young Adult 018 (Ages 12-26)	8	0						
Community Outreach or Engagement	Liaison Events and meetings, 254 overtime hou worked by 11 liaisons at 61 events	rs 4/1/2018 - 6/30/2018	General Community Audience	1,00	0						

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary) N	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
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Education/Training/Skill Development/Workshop	Women for Peace Workshop #1	5/5/2	Parent of Youth or Young Adult 018 (Ages 12-26)	8	0						
Community Outreach or Engagement	Liaison Events and meetings, 254 overtime hou worked by 11 liaisons at 61 events	rs 4/1/2018 - 6/30/2018	General Community Audience	1,00	0						

2017 CVE Grant	Project 100650	07	Contract 67	74			
EMW-2016-CA-0081	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Budget	125,800.00	13,800.00	7,000.00	15,000.00	180,000.00	6,000.00	347,600.00
1/1/2018 - 3/31/2018					1,000.00	317.67	1,317.67
4/1/2018 - 6/30/2018	6,784.82	1,270.04	27.25	248.31	45,000.00	1,998.07	55,328.49
7/1/2018 - 9/30/2018	4,311.56	800.49	-	-	30,390.00	-	35,502.05
10/1/2018 - 12/31/2018	1,059.70	202.23	26.17	7,124.06	25,623.22	2,067.37	36,102.75
1/1/2019 - 3/31/2019							-
4/1/2019 - 6/30/2019	2,242.67	474.88					2,717.55
7/1/2019 - 9/30/2019	6,035.95	1,138.64	-	4,500.00	20,250.00	-	31,924.59
							-
Total Expenses	20,434.70	3,886.28	53.42	11,872.37	122,263.22	4,383.11	162,893.10
Budget Remaining	105,365.30	9,913.72	6,946.58	3,127.63	57,736.78	1,616.89	184,706.90
			·	·			

7/1/2019 - 9/30/2019 Expenditures							
Overtime and Benefits	6,035.95	1,138.64					7,174.59
Minneapolis Park & Rec (swimming lessons)					20,250.00		20,250.00
Edge Marketing (promo items)				4,500.00			4,500.00
Total	6,035.95	1,138.64	-	4,500.00	20,250.00	-	31,924.59

4/1/2019 - 6/30/2019 Expenditures  Overtime and Benefits 2,242.	67 474.88					2,717.55
Total 2,242.	67 474.88	-	-	-	-	2,717.55

10/1/2018 - 12/31/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Overtime and Benefits	1,059.70	202.23					1,261.93
Sudanese Community Association					23,623.22		23,623.22
Alex Lewison (Panera Bread)						514.59	514.59
Alex Lewison (Mileage)			26.17				26.17
Alex Lewison (24 Hour Tees)				2,374.06			2,374.06
Alex Lewison (Barnes & Noble GC)				4,750.00			4,750.00
Alex Lewison (Fifillah)						1,552.78	1,552.78
Anisa Ali					1,000.00		1,000.00
Maxamuud Mascadde					1,000.00		1,000.00
Total	1,059.70	202.23	26.17	7,124.06	25,623.22	2,067.37	36,102.75

7/1/2018 - 9/30/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Overtime and Benefits	4,311.56	800.49					5,112.05
Hibo Elmi (PO 349335)					15,000.00		15,000.00
Hibo Elmi (PO 349673)					15,000.00		15,000.00
Amber White Bear (PO 354804)					390.00		390.00
	4,311.56	800.49	-	-	30,390.00	-	35,502.05

4/1/2018 - 6/30/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Tasho					12,500.00		12,500.00
Tasho					10,000.00		10,000.00
Somali American Parent Association					12,500.00		12,500.00
Somali American Parent Association					10,000.00		10,000.00
Alex Lewision			27.25				27.25
Maryam Nur expense report (food)						36.45	36.45
Maryam Nur expense report (supplies)				248.31			248.31
Alex Lewision expense report (meals)						950.00	950.00
Alex Lewision expense report (meals)						1,011.62	1,011.62
Overtime and Benefits	6,784.82	1,270.04					8,054.86
							-
	6,784.82	1,270.04	27.25	248.31	45,000.00	1,998.07	55,328.49

1/1/2018 - 3/31/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Afro Deli & Coffee 1/17/2018 Dega Hussen (March 8th)					1,000.00	317.67	317.67 1,000.00
	-	-	-	-	1,000.00	317.67	1,317.67

(Follow form instructions)

1. Federal Age	ncy and Organiz	zational Element	2. Federal Gran	2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page							
to Which Re	port is Submitte	d	(To report mu	ultiple grants,	use FFR Attachment)				1	1	
IIS Dena	rtment of Hor	meland Security,									
		anagement Agency			EMW-2016-CA-0	00081					
	gobyc	anagement igensy								pages	
<ol><li>Recipient Or</li></ol>	ganization (Nan	ne and complete address include		ENNEPIN COUN	NTY						
				BA SHERIFF CC 50 SOUTH 5TH S	DURT SECURITY DIV ST ROOM 30						
				MINNEAPOLIS, M							
4a. DUNS Num	nher	4b. EIN	5 Recipient Acc	count Numbe	r or Identifying Number	6	Report Type	7 Basis	of Accou	ntina	
la. Bono nan	1501	ID. LIIV			, use FFR Attachment)			7. Baoio	01710000	i iii ig	
			(1010)		,,		Quarterly				
1100	06732	416005801					Semi-Annual				
11030	00732	416005801					Annual				
							Final	☐ Cas	h ⊠A	ccrual	
8. Project/Gran	nt Period					9. Repo	rting Period End	Date			
From: (Mon	th, Day, Year)	08/01/2017	To: (Month, Day	, Year)	07/31/2019	(Mon	h, Day, Year)	09/3	0/2017		
10. Transacti	ions							Cumula	ative		
(Use lines a-c	for single or m	ultiple grant reporting)									
	•	Itiple grants, also use FFR A	ttachment).								
a. Cash Re	<u> </u>	mipro granto, albo ube i FR A								\$0.00	
										\$0.00	
	b. Cash Disbursements c. Cash on Hand (line a minus b)									\$0.00	
	for single gran									Ψ0.00	
		nobligated Balance:									
-	deral funds auth	•							\$347,6	200.00	
	share of expend								φ547,0	\$0.00	
		dated obligations								\$0.00	
		n of lines e and f)								\$0.00	
	,	Federal funds (line d minus g)							\$347,6		
Recipient Sh		( 9)							Ψ01110	,00.00	
-	ipient share req	uired								\$0.00	
	t share of exper									\$0.00	
		e to be provided (line i minus j)								\$0.00	
Program Inco	• .						<u>'</u>			******	
I. Total Fede	eral program inc	ome earned								\$0.00	
m. Program	income expend	led in accordance with the dedu	uction alternative							\$0.00	
n. Program	income expende	ed in accordance with the addit	ion alternative							\$0.00	
o. Unexpend	ded program inc	come (line I minus line m or line	: n)							\$0.00	
	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amou	nt Charged	f. Federa	l Share		
11. Indirect		0.0000			\$0.00		\$0.00		\$0.00		
Expense											
				g. Totals:	\$0.00		\$0.00		\$0.00		
	Attach any expla ng this quarte	anations deemed necessary or or	information requi	red by Feder	al sponsoring agency in o	compliance	with governing le	egislation:			
		this report, I certify that it is	true complete	and accurat	e to the hest of my know	wledne I	am aware that				
		audulent information may sub	-		=	_		ection 1001	١		
		Title of Au horized Certifying O	-	,,	aapona		hone (Area code			on)	
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David Rice	e - Principal A	ccountant									
David Nice	5 - I IIIIoipai A	locountain				u. Elliai	l address				
h Signature of	Authorized Cor	tifving Official				e Doto	Data Danast Culturalities (Marilly Day Vers)				
b. Signature of	Authorized Cen	mymy Omolai				e. Date	Report Submitted (Month, Day, Year)				
							1	0/30/2017	•		
L						14. Agei	ncy use only:				
							undord Form 425				

#### Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

(Follow form instructions)

1. Federal Age	ency and Organia	zational Element	2. Federal Gran	t or Other Ide	entifying Number Assigne	ed by Federal /	Agency	P	age	of
_	port is Submitte				use FFR Attachment)		-9)	•	1	1
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		meland Security, anagement Agency			EMW-2016-CA-0	00081				pages
Recipient O	rganization (Nan	ne and complete address include	ding Zip code)	IENNEPIN COU	NTY					pagoo
	· ·	·			OURT SECURITY DIV ST ROOM 30					
4a. DUNS Nur	nber	4b. EIN	5. Recipient Acc	count Numbe	er or Identifying Number	6. Re	port Type	7. Basis	of Accou	nting
			(To report m	ul iple grants	, use FFR Attachment)	⊠Qu	arterly			
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1183	06732	416005801				□ An				
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O. Droinet/Cros	at Davia d		☐ Final ☐ Cash ☑ Ad							CCIuai
8. Project/Gran	nt Period hth, Day, Year)	00/04/0047	To: (Month, Day	( Vear)	07/04/0040		g Period End i Day, Year)		0/0047	
1 TOTTI. (WOT	illi, Day, Teal)	08/01/2017	To: (Month, Day, Year) 07/31/2019 (Month, Day, Year) 09/30/2017							
10. Transact	ions		ı					Cumula	ative	
(Use lines a-c	for single or m	nultiple grant reporting)								
-		Iltiple grants, also use FFR A	ttachment):							
a. Cash Re	<u> </u>	p.o g. ao, a.oo aoo								\$0.00
	b. Cash Disbursements									\$0.00
c. Cash on	c. Cash on Hand (line a minus b)									\$0.00
(Use lines d-o	for single gran	nt reporting)								
Federal Expe	enditures and U	nobligated Balance:								
d. Total Federal funds authorized \$347,600.00									00.00	
e. Federal share of expenditures \$0.00								\$0.00		
f. Federal share of unliquidated obligations \$0.00							\$0.00			
g. Total Fe	deral share (sun	n of lines e and f)								\$0.00
		Federal funds (line d minus g)							\$347.6	800.00
Recipient Sh										
	cipient share req									\$0.00
	nt share of exper									\$0.00
Program Inco	•	e to be provided (line i minus j)								\$0.00
	eral program inc	nome earned								\$0.00
		ded in accordance with the ded	uction alternative							\$0.00
		ed in accordance with the addit								\$0.00
		come (line I minus line m or line								\$0.00
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount (	Charged	f. Federa	l Share	
11. Indirect		0.0000			\$0.00	\$	0.00		\$0.00	
Expense					•					
40 Damanta	Au-t	and the same discount of the s	i	g. Totals:	\$0.00		0.00		\$0.00	
	ing this quarte	anations deemed necessary or er	iniormation requi	геа ву геаег	ai sponsoring agency in	compliance wil	n governing ie	egisiation:		
		this report, I certify that it is	=		=	_		_		
		audulent information may sul		nal, civil, or	administrative penaliti					. ,
1 - 1							ne (Area code	, number an	d extensi	ion)
David Pic	e - Principal A	ccountant				612 348-2022				
David Kici	e - Fillicipai A	CCOuntain				d. Email ac	aress			
h Signature of	f Authorized Cer	tifving Official				e Date Re	port Submitted	d (Month D	av Year\	
- Signature of		,				5. 50.010				
								0/30/2017		
						14. Agency	use only:			
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#### Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

(Follow form instructions)

1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Grant Other Identifying Number Assigned Basel Grant Other Identification Identifica							Agency	F	age	of
_	eport is Submitte		(To report multiple grants, use FFR Attachment)							1
		meland Security, anagement Agency			EMW-2016-CA-0	00081				nogoa
2 Posiniont O	rganization (Nan	ne and complete address inclu	ding 7in code)							pages
3. Recipient O	rganization (Nan	ne and complete address incit	0 , ,	HENNEPIN COULDBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M	OURT SECURITY DIV ST ROOM 30					
4a. DUNS Nur	mber	4b. EIN	5. Recipient Ad	count Numbe	er or Identifying Number	6. F	Report Type	7. Basis	of Accou	nting
			(To report n	nul iple grants	, use FFR Attachment)		uarterly			•
							,			
1100	06732	416005801				□ S	emi-Annual			
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8. Project/Grai	nt Period		•			9. Reporti	ng Period End	Date		
	nth, Day, Year)	08/01/2017	To: (Month, Da	ay, Year)	07/31/2019		, Day, Year)		0/2017	
10. Transact	tions							Cumula	ative	
(Use lines a-c	for single or m	ultiple grant reporting)								
		Itiple grants, also use FFR A	ttachment):				1			<u>ФО ОО</u>
a. Cash Re							+			\$0.00
	sbursements						+			\$0.00
	Hand (line a mi	•								\$0.00
(Use lines d-c	o for single gran	nt reporting)								
		nobligated Balance:								
	deral funds auth								\$347,6	00.00
e. Federal	share of expend	litures								\$0.00
		dated obligations								\$0.00
g. Total Fe	ederal share (sun	n of lines e and f)								\$0.00
		Federal funds (line d minus g)							\$347.6	00.00
Recipient Sh							_			
	cipient share req									\$0.00
	nt share of exper									\$0.00
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Program Inco							_			
	leral program inc									\$0.00
m. Program	n income expend	led in accordance with the dec	luction alternative	)						\$0.00
n. Program	income expende	ed in accordance with the add	tion alternative							\$0.00
o. Unexper		come (line I minus line m or lin	T .	1	Т					\$0.00
	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount	· -	f. Federa		
11. Indirect		0.0000			\$0.00		\$0.00		\$0.00	
Expense				n Tatala	\$0.00		ΦΩ ΩΩ		\$0.00	
12. Remarks:	Attach any expl	anations deemed necessary o	r information requ	g. Totals: uired by Feder	*		\$0.00 vith governing l	egislation:	\$0.00	
	ing this quarte		o truo o o manda ta	and coord	to to the heat of !	wlodae ! -	m awara that			
		g this report, I certify that it i audulent information may su	-			_		ection 1001)	)	
a. Typed or Pr	inted Name and	Title of Au horized Certifying	Official		-	c. Teleph	one (Area code	e, number ar	d extensi	on)
						612 3	48-2022			
David Ric	e - Principal A	ccountant				d. Email a	address			
b. Signature of	f Authorized Cer	tifying Official				e. Date R	eport Submitte	d (Month, D	ay, Year)	
							•	0/30/2017		
								0/00/2017		
						14. Agend	y use only:			
						Stand	lard Form 425			

#### Paperwork Burden Statement

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(Follow form instructions)

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-	ency and Organi				entifying Number Assigne	ed by Federal	1 . 1			of
to Which Re	eport is Submitte	d	(To report m	ultiple grants	use FFR Attachment)				1	1
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or recorpionic	7.ga <u>2</u> a (1.ta.			DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M	OURT SECURITY DIV ST ROOM 30					
4a. DUNS Nu	mber	4b. EIN	5. Recipient Ad	count Numbe	er or Identifying Number	6. Re	port Type	7. Basis	of Accou	nting
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8. Project/Gra	nt Period nth, Day, Year)	00/01/001=	To: (Month, Da	v Voorl	07/01/0010		g Period End Day, Year)			
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10. Transact	tions		•			1		Cumula	ative	
(Use lines a-d	c for single or m	nultiple grant reporting)								
Federal Cash	h (To report mu	Iltiple grants, also use FFR	R Attachment):				I			<b>A a a a</b>
a. Cash R										\$0.00
-	isbursements									\$0.00
	n Hand (line a mi	,								\$0.00
-	o for single grar	nobligated Balance:								
	ederal funds auth								\$347,6	200.00
-	share of expend								<b>Φ347,C</b>	\$0.00
	share of expend									\$0.00
		n of lines e and f)								\$0.00
		Federal funds (line d minus o	g)						\$347.6	
Recipient SI	hare:									
i. Total re	cipient share req	uired								\$0.00
j. Recipier	nt share of exper	nditures								\$0.00
		e to be provided (line i minu	s j)							\$0.00
Program Inc							1			Φο οο
	deral program inc									\$0.00
		ded in accordance with the deduction in accordance with the accord		)						\$0.00 \$0.00
		come (line I minus line m or I								\$0.00
о. опехрег	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount	Charged	f. Federa	l Share	Ψ0.00
11. Indirect	u. 1960	0.0000	00	1 01100 10	\$0.00		0.00		\$0.00	
Expense					*****	,			+	
				g. Totals:	\$0.00		0.00		\$0.00	
12. Remarks: No spend	Attach any expl ding this quarte	anations deemed necessary er	or information requ	iired by Fedei	ral sponsoring agency in o	compliance wi	th governing i	legislation:		
		g this report, I certify that i	t is true, complete	, and accura	te to the best of my kno	wledge. I an	aware that			
		audulent information may		ninal, civil, or	administrative penalitie					
a. Typed or Pr	rinted Name and	Title of Au horized Certifying	g Official			-	ne (Area code ·8-2022	e, number an	d extensi	on)
David Ric	ce - Principal A	ccountant				d. Email ad				
						G				
b. Signature o	of Authorized Cer	tifving Official				e. Date Re	port Submitte	d (Month. D	av. Year)	
- 3		, <u> </u>					•	10/30/2017		
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						14. Agency	use only:			
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#### Paperwork Burden Statement

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(Follow form instructions)

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_	ency and Organia				entifying Number Assigne	d by Federal	Agency	P	age	of
to Which Re	eport is Submitte	d	(To report multiple grants, use FFR Attachment)							1
		meland Security, anagement Agency			EMW-2016-CA-0	00081				
i caciani	Emergency wie	anagement Agency								pages
3. Recipient C	Organization (Nar	ne and complete address ind		HENNEPIN COU DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M	OURT SECURITY DIV ST ROOM 30					
4a. DUNS Nu	mber	4b. EIN	5. Recipient Ad	count Numbe	er or Identifying Number	6. Re	port Type	7. Basis	of Accou	nting
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8. Project/Gra		00/01/001=	To: (Month Do	v Voorl	0=10.1.100.10		g Period End Day, Year)			
FIOIII. (IVIOI	nth, Day, Year)	08/01/2017	To: (Month, Da	iy, rear)	07/31/2019	(IVIOITI),	Day, real)	09/30	0/2017	
10. Transac	tions							Cumula	ative	
(Use lines a-d	c for single or m	ultiple grant reporting)								
Federal Casi	h (To report mu	ltiple grants, also use FFR	R Attachment):							
a. Cash R	eceipts									\$0.00
	isbursements									\$0.00
	n Hand (line a mi	,								\$0.00
-	o for single grar									
		nobligated Balance:					1			
	ederal funds auth								\$347,6	
	share of expend									\$0.00
	share of unliquid									\$0.00
		n of lines e and f) Federal funds (line d minus o	7)						\$347.6	\$0.00
Recipient S		ederar rands (inte a minus (	9/				1		J. 14CQ	00.00
-	cipient share req	uired								\$0.00
	nt share of exper									\$0.00
		e to be provided (line i minu	s j)							\$0.00
Program Inc	ome:	,	,				•			
I. Total Fed	deral program inc	ome earned								\$0.00
m. Progran	n income expend	led in accordance with the d	eduction alternative	)						\$0.00
n. Program	n income expend	ed in accordance with the ac	ddition alternative							\$0.00
o. Unexper	nded program ind	come (line I minus line m or I		1	T	1				\$0.00
	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount		f. Federa	_	
11. Indirect		0.0000			\$0.00	4	0.00		\$0.00	
Expense				a Totala:	\$0.00	1 0	0.00		\$0.00	
12. Remarks:	Attach any expl	anations deemed necessary	or information requ	g. Totals: uired by Feder				egislation:	φυ.υυ	
	ling this quarte		t is true samplets	and secure	to to the best of my line	wlodac I	awara that			
		g this report, I certify that i audulent information may			=	=		ection 1001)	ı	
a. Typed or Pi	rinted Name and	Title of Au horized Certifying	g Official			-	ne (Area code	e, number an	d extensi	on)
Dovid Die	o Dringing! A	accuntant					8-2022			
David Kid	ce - Principal A	CCOuntain				d. Email a	ndress			
h Signature o	of Authorized Cer	tifving Official				e Date Pe	port Submitte	d (Month D	av Year\	
. Oignature t		,g Omolai				o. Date Ne	•	10/30/2017		
						14 Agona				
						14. Agency	use only:			
						Standa	rd Form 425			

#### Paperwork Burden Statement

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(Follow form instructions)

1. Federal Age	ency and Organia	zational Element	2. Federal Gra	nt or Other Ide	entifying Number Assigne	ed by Federal	Agency	F	age	of
_	eport is Submitte				use FFR Attachment)	•	• ,		1	1
		meland Security, anagement Agency			EMW-2016-CA-0	00081				
2 Reginient O	ranization (Non	no and complete address inc	luding Zin anda)							pages
3. Recipient O	rganization (Nan	ne and complete address inc		HENNEPIN COUI DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M	OURT SECURITY DIV ST ROOM 30					
4a. DUNS Nur	mber	4b. EIN	5. Recipient Ad	count Numbe	er or Identifying Number	6. R	eport Type	7. Basis	of Accou	nting
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							,			
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8. Project/Gran			l				g Period End	Date		
From: (Mon	nth, Day, Year)	08/01/2017	To: (Month, Da	ay, Year)	07/31/2019	(Mon h,	Day, Year)	09/3	0/2017	
10. Transact	ions							Cumula	ative	
(Use lines a-c	for single or m	ultiple grant reporting)								
Federal Cash	(To report mu	Itiple grants, also use FFR	Attachment):							
a. Cash Re	eceipts		•							\$0.00
b. Cash Di	sbursements									\$0.00
c. Cash on	Hand (line a mi	nus b)								\$0.00
(Use lines d-o	for single gran	nt reporting)								
Federal Expe	enditures and U	nobligated Balance:								
d. Total Fe	deral funds auth	orized							\$347,6	00.00
e. Federal	share of expend	litures								\$0.00
		dated obligations								\$0.00
		n of lines e and f)							<b>.</b>	\$0.00
		ederal funds (line d minus g	)						\$347.6	500.00
Recipient Sh		. does at					1			<b>A</b> O OO
	cipient share req									\$0.00
	nt share of exper	e to be provided (line i minus	:\							\$0.00 \$0.00
Program Inco	•	e to be provided (lifte i fillings	J)				l			φυ.υυ
	eral program inc	come earned								\$0.00
		led in accordance with the de	duction alternative	)						\$0.00
		ed in accordance with the ad-								\$0.00
		come (line I minus line m or li								\$0.00
·	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount	Charged	f. Federa	l Share	
11. Indirect		0.0000			\$0.00	Ç	00.00		\$0.00	
Expense										
				g. Totals:	\$0.00		0.00		\$0.00	
	Attach any explaing this quarte	anations deemed necessary er	or information requ	uired by Feder	ral sponsoring agency in (	compliance w	th governing l	legislation:		
13. Certification	on: By signing	this report, I certify that it	is true, complete	, and accurat	te to the best of my kno	wledge. I ar	n aware that			
any false,	fictitious, or fra	audulent information may s	ubject me to crim	ninal, civil, or	administrative penalitie	es. (U.S. Cod	le, Title 18, So	ection 1001)	)	
a. Typed or Pri	inted Name and	Title of Au horized Certifying	Official				ne (Area code 18-2022	e, number ar	nd extensi	ion)
David Ric	e - Principal A	ccountant				d. Email a				
h Ciaur-tura	€ A., , , , , , , , , , , , , , , , , , ,	tituing Official				a D-4- D	mant Culturality	al /Marrilla D	\	
b. Signature of	f Authorized Cer	шушд Опісіаі				e. Date Re	eport Submitte	d (Month, D 10/30/2017	-	
						14. Agency	use only:			
						Ctond	ard Form 425			

#### Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1 5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

(Follow form instructions)

1. Federal Age	ncy and Organia	zational Element	2. Federal Gra	nt or Other Ide	entifying Number Assigne	ed by Federal	Agency	F	age	of
to Which Rep	port is Submitte	d			use FFR Attachment)	•			1	1
		meland Security, anagement Agency			EMW-2016-CA-0	00081				
										pages
3. Recipient Or	ganization (Nan	ne and complete address incl	5 1 ,	HENNEPIN COUI DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M	OURT SECURITY DIV ST ROOM 30					
4a. DUNS Num	nber	4b. EIN	5. Recipient Ad	count Numbe	er or Identifying Number	6. R	eport Type	7. Basis	of Accou	ınting
			(To report n	nul iple grants	, use FFR Attachment)	<b>⊠</b> Oı	uarterly			-
							mi-Annual			
11830	06732	416005801								
11000	00102	11000001				□ Ar				
						Fi			h 🗵 A	ccrual
8. Project/Gran			l- a				g Period End	Date		
From: (Mont	th, Day, Year)	08/01/2017	To: (Month, Da	ay, Year)	07/31/2019	(Mon h,	Day, Year)	09/3	0/2017	
10. Transacti	ons							Cumula	ative	
(Use lines a-c	for single or m	ultiple grant reporting)								
Federal Cash	(To report mu	ltiple grants, also use FFR	Attachment):							
a. Cash Re	ceipts									\$0.00
	sbursements									\$0.00
	Hand (line a mi	•								\$0.00
(Use lines d-o										
		nobligated Balance:							00.47.6	200.00
	deral funds auth								\$347,6	
	share of expend									\$0.00
		dated obligations n of lines e and f)								\$0.00
	,	ederal funds (line d minus g	)						\$347.6	\$0.00 800.00
Recipient Sh		odorai rando (iino a minuo g	,						υ, ττοψ	00.00
	ipient share req	uired								\$0.00
j. Recipien	t share of exper	nditures								\$0.00
k. Remainin	g recipient shar	e to be provided (line i minus	j)							\$0.00
Program Inco	me:									
I. Total Fede	eral program inc	ome earned								\$0.00
m. Program	income expend	led in accordance with the de	duction alternative	)						\$0.00
n. Program	income expend	ed in accordance with the add	dition alternative							\$0.00
o. Unexpend	ded program inc	come (line I minus line m or line	ne n)							\$0.00
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount		f. Federa		
11. Indirect		0.0000			\$0.00		0.00		\$0.00	
Expense				a Tatala	\$0.00		20.00		\$0.00	
12 Remarks:	Attach anv exnl	anations deemed necessary	or information requ	g. Totals:	*		50.00 th governing l	egislation:	φυ.υυ	
	ng this quarte	•	or imormation requ	inca by i caci	ar sponsoring agency in	somphanice wi	ur governing r	cgisiation.		
13. Certification	on: By signing	this report, I certify that it	is true, complete	, and accurat	te to the best of my kno	wledge. I ar	n aware that			
any false, f	fictitious, or fra	audulent information may s	ubject me to crim	ninal, civil, or	administrative penalitie	es. (U.S. Cod	e, Title 18, S	ection 1001)	)	
a. Typed or Pri	nted Name and	Title of Au horized Certifying	Official				ne (Area code 18-2022	e, number ar	d extensi	ion)
David Rice	e - Principal A	ccountant				d. Email a				
b. Signature of	Authorized Cer	tifying Official				e. Date Re	eport Submitte	d (Month, D 10/30/2017		1
						14. Agency	use only:			
						Ctonde	ard Form 42E			

#### Paperwork Burden Statement

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(Follow form instructions)

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-	ency and Organia				entifying Number Assigne	d by Federal	Agency	P	age	of
to Which Re	eport is Submitte	d	(To report m	nultiple grants	, use FFR Attachment)				1	1
		meland Security,			EMW-2016-CA-0	00081				
rederari	Emergency wa	anagement Agency								pages
3. Recipient C	Organization (Nar	ne and complete address inc	luding Zip code)	HENNEPIN COU	NTY					, ,
				DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M						
4a. DUNS Nu	mber	4b. EIN	5. Recipient Ad	ccount Numbe	er or Identifying Number	6. Re	port Type	7. Basis	of Accou	nting
			(To report r	nul iple grants	s, use FFR Attachment)	⊠Qı	arterly			
							mi-Annual			
1183	306732	416005801				□ An				
									h 🗵 A	corual
8. Project/Gra	ent Poriod					☐ Fir	g Period End			CCIuai
	nth, Day, Year)	00/04/0047	To: (Month, Da	av Year)	07/24/2040		Day, Year)		2/2017	
	, <i>Day</i> ,,	08/01/2017	101 (1110111111, 20	.y, . oa.,	07/31/2019	(,	zuj, . ou.,	09/30	0/2017	
10. Transact	tions		1			1		Cumula	ative	
(Use lines a-d	c for single or m	ultiple grant reporting)								
Federal Cash	h (To report mu	ltiple grants, also use FFR	Attachment):							
a. Cash R	eceipts									\$0.00
	isbursements									\$0.00
	n Hand (line a mi	,								\$0.00
-	o for single grar	<u> </u>								
		nobligated Balance:					1			
	ederal funds auth								\$347,6	
	share of expend									\$0.00
	share of unliquid									\$0.00
		n of lines e and f) Federal funds (line d minus g	1)						\$347.6	\$0.00 800.00
Recipient SI		000101.101100 (11110 0 11111100 0					l		υ, ττοψ	00.00
i. Total re	cipient share req	uired								\$0.00
j. Recipier	nt share of exper	nditures								\$0.00
k. Remaini	ng recipient shar	e to be provided (line i minus	s j)							\$0.00
Program Inc	ome:									
I. Total Fed	deral program inc	ome earned								\$0.00
		led in accordance with the de		)						\$0.00
		ed in accordance with the ad								\$0.00
o. Unexper	1	come (line I minus line m or li		lp ·	T. B	1		1, = 1	. 01	\$0.00
11. Indirect	a. Type	b. Rate	c. Period From	Period 10	d. Base	e. Amount		f. Federa	_	
Expense		0.0000			\$0.00	1	0.00		\$0.00	
ZAPONOO				g. Totals:	\$0.00	9	0.00		\$0.00	
12. Remarks:	Attach any expl	anations deemed necessary	or information requ					egislation:	7	
		this report, I certify that it	is true, complete	, and accura	te to the best of my kno	wledge. I an	aware that			
any false,	, fictitious, or fra	audulent information may s	subject me to crim	ninal, civil, or	administrative penalitie	es. (U.S. Cod	e, Title 18, S	ection 1001)	ı	
a. Typed or Pr	rinted Name and	Title of Au horized Certifying	Official			1	ne (Area code	e, number an	d extensi	on)
David Pic	ce - Principal A	ccountant					8-2022			
David Nic	e - Fillicipai A	accountain				d. Email a	aress			
b. Signature o	of Authorized Cer	tifying Official				e. Date Re	port Submitte	d (Month, D	ay, Year)	
							•	10/30/2017		
						1		. 5,55,2017		
						14. Agency	use only:			
						Standa	rd Form 425			

#### Paperwork Burden Statement

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(Follow form instructions)

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_	ency and Organia				entifying Number Assigne	ed by Federal	Agency	P	age	of
to Which Re	eport is Submitte	d	(To report m	nultiple grants	, use FFR Attachment)				1	1
		meland Security, anagement Agency			EMW-2016-CA-0	00081				
rederari	Lineigency wie	anagement Agency								pages
3. Recipient C	Organization (Nar	ne and complete address inc	cluding Zip code)	HENNEPIN COU	NTY					-
				DBA SHERIFF CO 350 SOUTH 5TH MINNEAPOLIS, M						
4a. DUNS Nu	mber	4b. EIN	5. Recipient Ad	ccount Numbe	er or Identifying Number	6. Re	port Type	7. Basis	of Accou	nting
			(To report r	nul iple grants	s, use FFR Attachment)	Пои	arterly			
							mi-Annual			
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								ПСос	h□A	corual
8. Project/Gra	ent Poriod					☐Fir	p Period End		п Ц А	CCIuai
	nth, Day, Year)	00/04/2047	To: (Month, Da	av Year)	07/24/2040		Day, Year)		2/2017	
	, <i>Day</i> ,,	08/01/2017	(	.y, . oa.,	07/31/2019	(,	2 ay, . ca.,	09/30	0/2017	
10. Transac	tions					1		Cumula	ative	
(Use lines a-d	c for single or m	ultiple grant reporting)								
Federal Casi	h (To report mu	ltiple grants, also use FFR	R Attachment):							
a. Cash R	eceipts									\$0.00
	isbursements									\$0.00
	n Hand (line a mi	,								\$0.00
-	o for single grar									
		nobligated Balance:					1			
	ederal funds auth								\$347,6	
	share of expend									\$0.00
	share of unliquid	n of lines e and f)								\$0.00
		ederal funds (line d minus g	a)						\$347,6	\$0.00 \$00.00
Recipient S		,	57				I		00 (0	
i. Total re	cipient share req	uired								\$0.00
j. Recipie	nt share of exper	nditures								\$0.00
k. Remaini	ing recipient shar	e to be provided (line i minu	s j)							\$0.00
Program Inc	ome:									
I. Total Fed	deral program inc	ome earned								\$0.00
		led in accordance with the d		)						\$0.00
		ed in accordance with the ac								\$0.00
o. Unexper	1	come (line I minus line m or I	1	D. d. d.T.	I. B	I. A	Db	6 E. J	1.01	\$0.00
11. Indirect	a. Type	b. Rate	c. Period From	Period 10	d. Base	e. Amount (		f. Federa	_	
Expense		0.0000			\$0.00	1 4	0.00		\$0.00	
ZAPONOO				g. Totals:	\$0.00	\$	0.00		\$0.00	
12. Remarks:	Attach any expl	anations deemed necessary	or information requ					egislation:	7	
		this report, I certify that i	t is true, complete	, and accura	te to the best of my kno	wledge. I an	aware that			
		audulent information may	•	ninal, civil, or	administrative penalitie	es. (U.S. Cod	e, Title 18, S	ection 1001)	1	
a. Typed or Pi	rinted Name and	Title of Au horized Certifying	g Official				ne (Area code	e, number an	d extensi	on)
David Pic	ce - Principal A	ccountant					8-2022			
David Nic	e - Fillicipai A	CCOuntain				d. Email ad	iaress			
b. Signature o	of Authorized Cer	tifving Official				e. Date Re	port Submitte	d (Month. D	av. Year)	
2.3.000		, , , , , , , , , , , , , , , , , , , ,					•	10/30/2017		
								1010012011		
						14. Agency	use only:			
						Standa	rd Form 425			

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# **Time Summary Report**

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Ahmed, A	sad - 171912700										
2:30PM	10:30PM Comment: Requester	1:00PM r: Community Eng	2:00PM gagement Team	1.00 Meeting / Orient	3/29/2018 ation.	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
	- Approver: Lewison										
2:30PM	10:30PM Comment: Requeste	11:00AM r: Community eng	12:30PM gagement team i	1.50 meeting - Approv	4/20/2018 ver: Lewison	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
2:30PM	10:30PM Comment: Requester	2:00PM r: CET at boy and	6:00PM girls club (jerry g	4.00 amble) - Approv	4/26/2018 er: Lewison	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	4.00
2:30PM	10:30PM Comment: Requester	10:00AM r: Father Hennep	12:00PM in parade - Appro	2.00 over: Lewison	6/9/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/09/2018	2.00
2:30PM	10:30PM Comment: Requester	12:30PM r: CET monthly m	1:30PM eeting - Approve	1.00 er: Lewison	6/21/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.00
2:30PM	10:30PM Comment: Requester	2:30PM r: Boys and girls o	5:30PM Club (Jerry Gambl	3.00 e) Approver: Le	6/26/2018 ewison	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00
2:30PM	10:30PM Comment: Requester	12:00PM r: Somali indepen	2:30PM dent day festival	2.50 Approver: Lev	6/30/2018 wison	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	2.50

Ahmed, Asad Totals 15.00

Shift Start Ali, Nasir	<b>Shift End</b> - 161832700	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM Comment: Requeste	1:00PM r: City Hall CET tr	2:00PM aining orientatio		3/31/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
	City Hall Approver	Lewison								Ali, Nasir Totals	1.00
Shift Start	Shift End	Activity Start	Activity End		Activity Date	Pay Code	Program Code	Approver Name	Approved Status		Hours Submitted

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Baggett, I	Danielle - 14055	2701									
8:00AM	4:30PM Comment: Request	8:30AM er: Worked with N	5:00PM Maryam and Alex	8.50 at the HCSO's W	5/5/2018 Iomen for Peace	OTP event - Approver	CET - CVE Agency Grant : Lewison	Lewison, Alex	Approved	05/11/2018	8.50
8:00AM	4:00PM Comment: Request	5:00PM er: Worked at the	9:00PM Brooklyn Park To	4.00 ater Days Parade	6/14/2018 with Sgt. McDa	OTP niel and CET (Sha	CET - CVE Agency Grant kira) - Approver: Lewison	Lewison, Alex	Approved	06/22/2018	4.00
8:00AM	4:00PM Comment: Request	5:00PM er: Worked at the	9:00PM Brooklyn Center	4.00 Earle Brown Day	6/21/2018 as Parade with Se	OTP gt. McDaniel and	CET - CVE Agency Grant CET (Shakira) - Approver:	•	Approved	06/22/2018	4.00
8:00AM	4:00PM Comment: Request	6:30PM er: Aquatennial P	10:30PM arade - Approver	4.00 : Lewison	7/18/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/20/2018	4.00
8:00AM	4:00PM Comment: Request the Glenwood Com			5.50 aith Internationa	8/7/2018 al Church (4pm -	OTP 8pm, plus clean (	CET - CVE Agency Grant up and drive time) Handed	•	Approved n Locks, NOverdo	08/17/2018 ose wrist bands a	5.50 and literature to
8:00AM	4:30PM Comment: Request drug disposal, as w				J ,	OTP , Noverdose Wris	CET - CVE Agency Grant tbands. Engaged with the	•	Approved r booth and educ	08/31/2018 cated them on pro	5.00 oper medication
8:00AM	4:30PM Comment: Request	10:00AM er: Participated in	2:00PM the Osseo parad	4.00 le handing out N	9/8/2018 Overdose wristb	OTP ands and stickers	CET - CVE Agency Grant to the community/neighb	•	Approved erving Approve	09/14/2018 er: Lewison	4.00
8:00AM	Community to educ	ate them on Law	Enforcement and	l HCSO. I worked	at the front tab	le, checking the p	CET - CVE Agency Grant building relationships with bublic in, and answering an r the event was finished	n the community and to ny questions that they	, ,	•	

## Baggett, Danielle Totals 44.00

Shift Start	Shift End yi, Jessica - 19077	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:30AM	5:00PM Comment: Pride Even	3:00PM	6:30PM	3.50	6/22/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	06/22/2019	3.50
8:30AM	5:00PM Comment: Requester	8:00AM Pride Event - Ap	7:30PM oprover: Lt Jacox	11.50	6/23/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/01/2019	11.00
7:30AM	4:00PM Comment: Maple Gra	4:30PM ove Parade	8:30PM	4.00	7/11/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	07/19/2019	4.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:30AM	5:00PM Comment: Robbinso	1:00PM lale Parade	5:00PM	4.00	7/14/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	07/19/2019	4.00
8:30AM	5:00PM Comment: Requeste	1:00PM er: Hopkin's Raspl	4:00PM perry Parade - Ap	3.00 oprover: Lt Jacox	7/21/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	3.00
8:30AM	5:00PM Comment: Requeste	5:00PM er: Aquatennial Pa	9:00PM arade - Approver	4.00 Lt Jacox	7/24/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	4.00

## Bigirindavyi, Jessica Totals 29.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Braesch,	Thomas - 011555	600									
7:00AM	3:00PM	10:30AM	2:30PM	4.00	6/22/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	06/25/2019	4.00
	Comment: Requeste	er: Rogers parade	- Approver: Lt Ja	cox							
7:00AM	3:00PM Comment: Requeste	3:00PM er: Vikings commu	7:00PM unity event App	4.00 prover: Lt Jacox	9/10/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	09/13/2019	4.00

## Braesch, Thomas Totals 8.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Chelmo, P	atrick - 9927056	501									
8:00AM	4:00PM	8:00AM	12:00PM	4.00	9/21/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00
	Comment: Requeste	er: Approved by L	t. Jacox - Approv	er: Bloomington I	Parade						

#### Chelmo, Patrick Totals 4.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted		
Connors,	Connors, Jessica - 150262712												
7:00AM	3:00PM	11:00AM	3:00PM	4.00	4/7/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	4.00		
	Comment: Requester: Outreach for community involvement, connecting with Deputy Stearns to create a program/agenda. Emails/calls - Approver: Lewison												

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
7:00AM	3:00PM Comment: Requeste	8:48AM er: Follow-up witl	10:12AM h CET/Maryum, a	1.40 utreach via emai	4/8/2018 I to community (	OTP groups. Gathering	CET - CVE Agency Grant g materials to present in p	•	Approved er: Lewison	04/13/2018	1.40
7:00AM	3:00PM Comment: Requeste	3:00PM er: Meeting with	4:00PM Deputy Stearns, o	1.00 assignment of tas	4/10/2018 ks, outreach, an	OTP d agenda. Practic	CET - CVE Agency Grant cal Training Approver: L	•	Approved	04/13/2018	1.00
7:00AM	3:00PM Comment: Requeste	1:00PM er: Community ou	3:00PM utreach, agenda o	2.00 creation, emails.	4/14/2018 - Approver: Lew	OTP ison	CET - CVE Agency Grant	Lewison, Alex	Approved	04/16/2018	2.00
7:00AM	3:00PM Comment: Requeste	4:45PM er: Emailing with	6:30PM Bully Prevention	1.75 Center to connec	4/16/2018 t with parents a	OTP nd youth. Incorpo	CET - CVE Agency Grant prate presentation Appi	•	Approved	04/27/2018	1.75
7:00AM	3:00PM Comment: Requeste Lewison	4:00PM er: Spoke to Bully	6:30PM Prevention Orga	2.50 nizer. Emailed ce	4/17/2018 nter and Partnei	OTP r Stearns. Set up i	CET - CVE Agency Grant meeting and time to get p	•	Approved resources to go	04/27/2018 through and read	2.50 d Approver:
7:00AM	3:00PM Comment: Requeste	3:00PM er: Meeting set u	6:00PM p. Agenda create	3.00 d to present durii	4/19/2018 ng CET meeting (	OTP on 4/19. Commu	CET - CVE Agency Grant nication w/partner Deputy	•	Approved formation App	04/27/2018 prover: Lewison	3.00
7:00AM	3:00PM Comment: Requeste	1:30PM er: Mad Dads Sav	6:30PM re the Community	5.00 Event - Against	4/28/2018 Violence - Appro	OTP ver: Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	04/28/2018	5.00
7:00AM	3:00PM Comment: Requeste - Approver: Lewison	•	4:30PM ace - Creekside E	8.50 Event Center Bloom	5/5/2018 mington MN.	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	8.50
7:00AM	3:00PM Comment: Requeste	5:00PM er: Tater Daze - Li	9:00PM t. Copeland/Sgt.	4.00 McDaniel - Brook	6/15/2018 lyn Park - Appro	OTP over: Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	4.00
7:00AM	3:00PM Comment: Requeste Fire and Police Open	•			6/16/2018 and	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	11.75

Connors, Jessica Totals 44.90

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Copeland	, Dorpha - 98208	32062									
8:00AM	4:00PM Comment: Requeste Approver: Lewison	4:00PM er: Met and atten	7:00PM ded speaking en	3.00 gagement with S	9/6/2018 heriff at the Ame	OTP erican Swedish In	CET - CVE Agency Grant stitute at 2600 Park Ave S.	•	Approved te speaking enga	10/04/2018 agement at 2011	3.00 Dupont Ave S

Copeland, Dorpha Totals 3.00

Shift Start		Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
,	Sharon - 141812		7.20014	2.00	6/20/2010	OTD	CET CVE Agangy Crant	lacov Millic	Annround	06/21/2010	2.00
11:00AM	4:30PM Comment: Requeste	5:30PM er: community Ou	7:30PM treach per LT Jac	2.00 ox - Approver: L	6/20/2019 t Jacox	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/21/2019	2.00
8:00AM	4:30PM Comment: Commun	9:00AM nity Engagement	12:00PM	3.00	7/13/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	07/22/2019	3.00

## El-Amin, Sharon Totals 5.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
•	ndy - 191752704		0.20014	4.00	7/44/2040	OTD	CET. CVE Assess Const.	La cara NACIII a	A	07/46/2040	4.00
8:00AM	4:30PM Comment: Requester	4:30PM : Maple Grove D	8:30PM ays Parade - App	4.00 rover: Lt Jacox	7/11/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
8:00AM	4:30PM	1:00PM	5:00PM		7/14/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
	Comment: Requester	: Robbinsdale fe	stival - Approver:	Lt Jacox							
8:00AM	4:30PM	12:00PM	4:00PM		7/21/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	3.50
	Comment: Requester	: Hopkins Parade	e - Approver: Lt J	тсох							
8:00AM	4:30PM	5:00PM	9:00PM	4.00	7/24/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	4.00
	Comment: Requester	: Aquatennial Pa	rade - Approver:	Lt Jacox							
8:00AM	4:30PM	12:00PM	3:00PM	3.00	8/11/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	08/15/2019	2.50
	Comment: Requester	: Ecuadorian Ind	ependence Day F	estival - Approve	er: Lt Jacox						
8:00AM	4:30PM	8:00AM	12:00PM	4.00	9/21/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00
	Comment: Requester	: Bloomington H	eritage Day para	de - Approver: Lt	.Jacox						

# Garcia, Cyndy Totals 22.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Jacox, Willi	s - 012395607										
9:00AM <i>C</i>	5:00PM Comment: Commun	5:00PM ity Outreach Par	9:00PM ade.	4.00	6/18/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	4.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
9:00AM	5:00PM Comment: Communi	5:00PM ty Outreach Para	8:00PM de. BC	3.00	6/20/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	3.00
9:00AM	5:00PM Comment: Rocking R	7:00AM ogers and Pride s	6:30PM set up in Loring P	11.50 Park.	6/22/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	11.50
9:00AM	5:00PM Comment: Requester	8:00AM : Pride Parade/Fo	7:00PM estival - Approve	11.00 r: Staupe	6/23/2019	ОТР	CET - CVE Agency Grant	Staupe, Robert	Approved	06/25/2019	11.00
9:00AM	5:00PM Comment: Requester	1:00PM : Robbinsdale Fe	5:00PM stival - Approver	4.00 : Staupe	7/14/2019	ОТР	CET - CVE Agency Grant	Staupe, Robert	Approved	07/17/2019	4.00
4:00PM	6:00PM Comment: Requester	12:00PM : Parade in Hopk	4:00PM in - Approver: St	4.00 aupe	7/21/2019	ОТР	CET - CVE Agency Grant	Staupe, Robert	Approved	07/24/2019	4.00
4:00PM	9:00PM Comment: Requester	9:30AM :: Citizen Academ	4:00PM by with inner Hero	6.50 o Approver: Sta	8/31/2019 nupe	ОТР	CET - CVE Agency Grant	Staupe, Robert	Approved	09/01/2019	6.50

## Jacox, Willis Totals 44.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Kedrowsk	i, Kevin - 14321	2712									
7:00AM	3:00PM Comment: Request	10:30AM er: Rogers Parade	2:30PM - Approver: Lt Ja	4.00 acox	6/22/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/25/2019	4.00

## Kedrowski, Kevin Totals 4.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Litvinov, \	/ladimir - 172752	2704									
2:30PM	10:30PM Comment: Requeste	1:00PM r: Community En	2:00PM gagement Team	1.00 Meeting/Oriento	3/29/2018 ttion - Approver:	OTP Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
2:30PM	10:30PM Comment: Requeste	11:00AM r: Community Enq	12:30PM gagement Team	1.50 Meeting/Orienta	4/20/2018 tion - Approver:	OTP Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
2:30PM	10:30PM Comment: Requeste	12:00PM r: CET Meeting - A	1:30PM Approver: Lewiso	1.50 on	6/21/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM Comment: Request	9:30AM er: Edina Parade.	12:30PM - Approver: Lewi	3.00 son	7/4/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00

#### Litvinov, Vladimir Totals 7.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:30AM	d, Abdi - 1200927 5:00PM Comment: Requester	9:30AM	3:00PM Parade - Approve		6/22/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	06/22/2019	5.00
8:30AM	5:00PM Comment: Requester	1:00PM :: Whiz Bang day	5:00PM s Parade in Robb		.,,	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
2:00AM	6:00AM Comment: Requester	7:00AM THT Twin Cities	1:00PM PBS event - App		8/10/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	08/12/2019	5.50
8:30AM	5:00PM Comment: One Day 0	10:00AM Citizen Academy	4:00PM	6.00	8/31/2019	ОТР	CET - CVE Agency Grant	Allen, Robert	Approved	09/03/2019	5.50
8:30AM	5:00PM Comment: Requester	8:00AM : Bloomington po	12:00PM arade - Approver		9/21/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00

### Mohamed, Abdi Totals 24.00

Shift Start	Shift End v, Evaristus - 1401	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM Comment: Requester	1:30PM	2:30PM ION - Approver: L	1.00 Lewison	4/4/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	1.00
2:30PM	10:30PM Comment: Requester	12:00PM r: MET WITH THE	1:30PM ELEADERSHIP OF	1.50 THE MINNESOTA	5/16/2018 A CAMEROONIAI	OTP N COMMUNITY A	CET - CVE Agency Grant SSOCIATION (MINCAM) -	•	Approved	05/25/2018	1.50
2:30PM	10:30PM Comment: Requester	9:00AM r: EDINA JULY 4T	12:30PM H PARADE - Appr	3.50 rover: Lewison	7/4/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM Comment: Requeste	6:00PM r: ST. ANTHONY I	9:00PM PARADE FEST - Ap	3.00 oprover: Lewison	8/3/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	08/06/2018	3.00
2:30PM	10:30PM Comment: Requeste	1:30PM r: Sheriff's Office	4:30PM ADD One Day Sn	3.00 apshot Survey - A	8/25/2018 Approver: Lewiso	OTP n	CET - CVE Agency Grant	Lewison, Alex	Approved	08/31/2018	3.00
2:30PM	10:30PM Comment: Requeste	8:00AM r: WOMEN FOR F	12:30PM PEACE WORKSHO	4.50 P AT THE HOPKII	9/22/2018 NS ACTIVITY CEN	OTP TER - Approver: L	CET - CVE Agency Grant Lewison	Lewison, Alex	Approved	09/24/2018	4.50
2:30PM	10:30PM Comment: Requeste	4:00PM r: STRENGTHENII	7:30PM NG OUR COMMU	3.50 INITY RESOURCE	,,	OTP PE PRESBYTARIAI	CET - CVE Agency Grant N CHURCH IN RICHFIELD -	•	Approved	10/26/2018	3.50

## NdzeNtuv, Evaristus Totals 20.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	acquelyn - 16025 10:30PM Comment: Requeste	11:00AM	12:30PM Approver: Lewiso	1.50 on	4/20/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
2:30PM	10:30PM Comment: Requeste	12:30PM er: CET Meeting - A	1:30PM Approver: Lewiso	1.00 on	6/21/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.00
2:30PM	10:30PM Comment: Requeste	12:00PM er: Somali Indeper	2:30PM ndence Day Event	2.50 t - Approver: Lew	6/30/2018 ison	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	2.50
9:00AM	5:00PM Comment: Requeste	1:00PM er: Robbinsdale Fe	5:00PM estival - Approver	4.00 : Lt Jacox	7/14/2019	ОТР	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00

# Norling, Jacquelyn Totals 9.00

Shift Start Nur, Mar	<b>Shift End</b> yam - 171072703	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM Comment: Grant Mt	8:00AM	12:00PM	4.00	3/18/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	4.00
8:00AM	4:30PM Comment: Requeste	1:00PM er: Grant meeting	4:00PM - Approver: Lew	3.00 vison	3/18/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00

									Approved		
Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Status	Approval Date	Hours Submitted
8:00AM	4:30PM Comment: Requester	4:30PM : Grant meeting		2.00 ison	3/19/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	2.00
8:00AM	4:30PM Comment: Requester	5:00PM : Grant meeting		2.00 son	3/23/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	2.00
8:00AM	4:30PM Comment: Requester	6:00PM : Somali North Al	9:00PM merican Business	3.00 s and Profession	3/30/2018 als - Approver: Le	OTP ewison	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00
8:00AM	4:30PM Comment: Requester	1:00PM : Grant meeting		3.00 ison	3/31/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00
8:00AM	4:30PM Comment: Requester	5:30PM :: DHS Grant/wor	8:30PM kshop planning	3.00 - Approver: Lewi	4/3/2018 son	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	3.00
8:00AM	4:30PM Comment: Requester	5:30PM : workshop plant		2.50 Lewison	4/5/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	2.50
8:00AM	4:30PM Comment: Requester	1:30PM : workshop meet	5:30PM ing - Approver: I	4.00 Lewison	4/7/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	4.00
8:00AM	4:30PM Comment: Requester	4:30PM : workshop plant	8:00PM ning - Approver:	3.50 Lewison	4/13/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	3.50
8:00AM	4:30PM Comment: Requester	1:00PM : workshop plant	7:00PM ning - Approver:	6.00 Lewison	4/14/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	6.00
8:00AM	4:30PM Comment: Requester - Approver: Lewison	4:30PM : WFP SS Panel s <sub>l</sub>	7:00PM peaker	2.50	4/18/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	2.50
8:00AM	4:30PM Comment: Requester WFP planning - Appr			7.50	4/21/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	7.00
8:00AM	4:30PM Comment: Requester	1:00PM	5:30PM - Approver: Lewis	4.50 son	4/22/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	4.50
8:00AM	4:30PM Comment: Requester WFP planning - Appro			2.50	4/26/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	2.50
8:00AM	4:30PM Comment: Requester	4:30PM : WFP planning	6:30PM - Approver: Lewis	2.00 son	5/2/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	2.00

									A		
Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM Comment: Requester	4:30PM : WFP planning	8:30PM - <i>Approver: Lewi</i> s	4.00 son	5/3/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	4.00
8:00AM	4:30PM Comment: Requester	4:30PM :: WFP planning	9:00PM - <i>Approver: Lewi</i> s	4.50 son	5/4/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	4.50
8:00AM	4:30PM Comment: Requester	7:00AM :: WFP event - Ap	5:00PM oprover: Lewison	10.00	5/5/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	9.50
8:00AM	4:30PM Comment: Requester	10:00AM : Thousand Hea	2:30PM rts Event - Crow	4.50 River Serve Day -	5/19/2018 Approver: Lewis	OTP con	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	4.00
8:00AM	4:30PM Comment: Requester	6:00PM r: Planning for ne	9:30PM xt WFP worksho	3.50 p with Sudanese	5/19/2018 community - Ap	OTP prover: Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	3.50
8:00AM	4:30PM Comment: Requester	11:30AM :: emails/phone o	4:30PM alls brainstorm r	5.00 next event with S	5/20/2018 udanese commu	OTP nity Approver:	CET - CVE Agency Grant Lewison	Lewison, Alex	Approved	05/25/2018	4.50
8:00AM	4:30PM Comment: Requester	1:30PM : visit locations f	4:00PM or next WFP wor	2.50 kshops with Sudd	7/21/2018 anese community	OTP y - Approver: Le	CET - CVE Agency Grant wison	Lewison, Alex	Approved	07/20/2018	2.50
8:00AM	4:30PM Comment: Requester	5:00PM : WFP Planning	8:30PM - Approver: Gran	3.50 at/Alex Lewison	8/2/2018	ОТР	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/03/2018	3.50
8:00AM	4:30PM Comment: Requester	1:00PM : WFP planning v	5:30PM with Sudanese co	4.50 ommunity - Appr	8/4/2018 over: Grant/Alex	OTP Lewison	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/03/2018	4.50
8:00AM	4:30PM Comment: Requester	4:30PM : WFP workshop	7:30PM planning with hi	3.00 bo Approver: 0	8/6/2018 approved by Sgt.	OTP McDaniel	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/10/2018	3.00
8:00AM	4:30PM Comment: Requester	5:30PM : WP Planning w	8:30PM ith Khalid - Appro	3.00 over: approved b	8/8/2018 y Sgt. McDaniel	ОТР	CET - CVE Agency Grant	McDaniel, Kellace	Approved	09/18/2018	3.00
8:00AM	4:30PM Comment: Requester	5:00PM : WFP meeting w	7:30PM with Sudanese co	2.50 mmunity - Appro	9/6/2018 over: approved p	OTP er Sgt. McDaniel	CET - CVE Agency Grant /Grant Alex Lewison	McDaniel, Kellace	Approved	09/11/2018	2.50
8:00AM	4:30PM Comment: Requester -planning the worksh	•	•	4.00 ed by Sgt. McDai	9/8/2018 niel/Grant Projec	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	09/11/2018	4.00
8:00AM	4:30PM Comment: Requester	1:00PM : WFP planning	6:30PM - <i>Approver: Lewi</i> s	5.50 son	9/16/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	5.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM Comment: Requester	5:30PM : WFP planning	7:30PM - Approver: Lewis		9/18/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	2.00
8:00AM	4:30PM Comment: Requester	4:30PM : WFP planning/	7:30PM calling to confirm		-,	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	3.00
8:00AM	4:30PM Comment: Requester	4:30PM : WFP planning/	8:00PM call to confirm a		-,,	OTP er: Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	3.50
8:00AM	4:30PM Comment: Requester	7:30AM : WFP workshop	5:30PM day - Approver:		9/22/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	9.50
8:00AM	4:30PM Comment: Requester	1:00PM : WFP Surveys - A	5:00PM Approver: Lewiso		11/11/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	12/04/2018	4.00
8:00AM	4:30PM Comment: Requester	10:00AM : WFP Surveys -	3:00PM Approver: Lewiso		11/17/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	12/04/2018	4.50

Nur, Maryam Totals 139.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Opsahl, B	rian - 051785609										
8:00AM	4:00PM	4:00PM	6:45PM	2.75	9/10/2019	СТР	CET - CVE Agency Grant	Jacox, Willis	Approved	09/11/2019	2.80
	Comment: Requester	r: -Lt. Jacox									
	-Community Engage	ment Team									
	Law enforcement ap	preciation get to	gether at MN Vik	kings practice fac	ility Approver:	Sgt Jacox					

Opsahl, Brian Totals 2.80

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Semere,	Tedros - 1706528	351									
2:30PM	10:30PM	12:00PM	1:30PM	1.50	6/21/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50
	Comment: Requeste	er: CET monthly m	eeting - Approve	er: Lewison							
2:30PM	10:30PM	8:00AM	12:30PM	4.50	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	4.50
	Comment: Requeste	er: Women for ped	ice workshop - A	pprover: Lewison	1						

Shift Start	Shift End	Activity Start	Activity End	Hours Worked Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date Hours Submitted
								Sem	ere, Tedros Totals 6.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pav Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
	ravis - 15194270	•	rictivity Lind	TIOUIS WOINCE	rictivity Dute	i uy couc	riogram code	Approver Hume	Status	Approval Bate	nours submitted
6:30AM	2:30PM Comment: Requester	1:00PM :: Community Eng	2:00PM gagement Liaisor	1.00 Orientation - A	3/29/2018 pprover: Lewisol	OTP n	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
6:30AM	2:30PM Comment: Requester Lewison	5:00PM :: Contact Securit	6:00PM y Directors of the	1.00 e Hilton Minneap	3/29/2018 polis, Radisson Bl	OTP lu MOA, and Carl	CET - CVE Agency Grant son Companies regarding	•	Approved ducational traini	03/31/2018 ng/seminar A	1.00 pprover:
	2:30PM Comment: Requester Connors regarding go	-		-	4/3/2018 shooter present	OTP tation, researchin	CET - CVE Agency Grant ng DHS active shooter star	•	Approved and emailing wit	04/13/2018 h Sgt. Jahnke an	2.80 d Deputy
6:30AM	2:30PM Comment: Requester	2:30PM : Meeting with D	4:00PM Deputy Connors ro	1.50 egarding CET init	4/9/2018 iatives to presen	OTP ot at next meeting	CET - CVE Agency Grant g Approver: Lewison	Lewison, Alex	Approved	04/13/2018	1.50
6:30AM	2:30PM Comment: Requester	1:00PM : Meeting at PAC	2:30PM CER in Bloomingt	1.50 on to discuss wo	4/19/2018 rking with them	OTP on bullying preve	CET - CVE Agency Grant ention awareness strategi	•	Approved	04/27/2018	1.50
6:30AM	2:30PM Comment: Requester	11:00AM : CET liaison mee	12:30PM eting Approver:	1.50 Lewison	4/20/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
6:30AM	2:30PM Comment: Requester	2:30PM :: Assisting with A	4:15PM ADD inmate snap	1.75 shot surveys A	8/25/2018 pprover: Lewisor	OTP 1	CET - CVE Agency Grant	Lewison, Alex	Approved	08/31/2018	1.80

Changed "OT Reason" to CET-CVE Agency Grant.

Stearns, Travis Totals 11.10

Shift Start Vlasaty, Too	<b>Shift End</b> dd - 90211101	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
7:00AM	3:00PM	3:00PM	7:00PM	4.00	9/10/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/13/2019	4.00
C	omment: Requeste	er: CET event at t	he TCO Perform	ance Center. Vikir	ngs complex in Ed	agan Approve	r: Lt Jacox				

Vlasaty, Todd Totals 4.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Vuong, Th	nuan - 02168560	8									
9:00AM	5:00PM Comment: Requeste	7:30AM er: Annual Celebro	4:00PM ation of Cinco de	8.50 Mayo parade/ve	5/5/2018 hicle displace (S	OTP t. Paul) Approv	CET - CVE Agency Grant ver: Lewison	Lewison, Alex	Approved	05/11/2018	8.50
8:00AM	4:00PM Comment: Requeste	8:00AM er: Sudanese Wor	5:00PM men for Peace W	9.00 orkshop (Hopkins	9/22/2018 Activity Center:	OTP 33 14th Ave N.,	CET - CVE Agency Grant Hopkins) Approver: Lew	•	Approved	09/24/2018	9.00
8:00AM	4:00PM Comment: Requeste	5:00PM er: Domestic Abus	8:30PM se Awareness eve	3.50 ent (7132 Portlan	10/19/2018 d Ave S. Richfield	OTP d) Approver: Le	CET - CVE Agency Grant ewison	Lewison, Alex	Approved	10/26/2018	3.50
10:00PM	6:00AM Comment: Requeste	4:00PM er: Annual Toys fo	7:00PM or Tots event (Go	3.00 lden Valley PD)	12/14/2018 Approver: appro	OTP oved by LT. McDo	CET - CVE Agency Grant aniel	McDaniel, Kellace	Approved	12/14/2018	3.00

Vuong, Thuan Totals 24.00

Shift Start Yang, Pet	<b>Shift End</b> er - 172752712	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM Comment: Requeste	1:00PM r: Community En	2:00PM gagement Team	1.00 Meeting/Oriento	3/29/2018 ation - Approver:	OTP Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
2:30PM	10:30PM Comment: Requeste	11:00AM r: Community En	12:30PM gagement Team	1.50 - Meeting - Roon	4/20/2018 n 6 - 1100 hours	OTP - 1230 hours A	CET - CVE Agency Grant Approver: Lewison	Lewison, Alex	Approved	04/27/2018	1.50
2:30PM	10:30PM Comment: Requeste	12:00PM r: Community En	1:30PM gagement Team	1.50 Meeting - City Ho	6/21/2018 all - Room 6 - Ap <sub>l</sub>	OTP prover: Lewison	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50
2:30PM	10:30PM Comment: Requeste	9:30AM r: Edina July 4 Pa	12:30PM rade - Approver:	3.00 : Lewison	7/4/2018	ОТР	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00

Yang, Peter Totals 7.00